

Campground

DELAWARE COUNTY HEALTH DEPARTMENT APPLICATION FOR ANNUAL PERMIT TO OPERATE A CAMP/CAMPGROUND

Please **PRINT** in all fields. Incomplete applications will be returned and will delay processing time/issuance of license.

Physical Street Address: City, Zip Code: Municipality: Office Telephone: Office Fax: Office E-mail: Park Manager Name: Park Manager Telephone: Park Manager E-mail: Owner (Sole Proprietor, LLC, Inc): Owner Street Address: Owner City, Zip: Contact Person Name & Title: Contact Person Telephone: Contact Person E-mail: Number of Spaces Approved by DCHD: Maximum Number of Spaces: 1. Approved electrical certificate expiration date: 2. Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, available? YES NO If yes, Pool Certificate #: 4. Food Service Provided? YES NO If yes, Food Facility License #: 5. Sewage Disposal: On-lot Sewage System Public Sewers Municipal Authority Name 6. Refuse/Trash Pick-up: Name of Hauler: 7. Do you plan to expand the Camp/Campground? YES NO If yes, Plan Review is required.	Camp/Campground Name:					
Park Manager Name: Park Manager Telephone: Park Manager E-mail:	Physical Street Address:	City, Zip Code:	Municipality:			
Owner (Sole Proprietor, LLC, Inc): Owner Street Address: Owner City, Zip: Contact Person Name & Title: Contact Person Telephone: Contact Person E-mail: Number of Spaces Approved by DCHD: Maximum Number of Spaces: 1. Approved electrical certificate expiration date: 2. Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, available? YES NO If yes, Pool Certificate #: 4. Food Service Provided? YES NO If yes, Food Facility License #: 5. Sewage Disposal: On-lot Sewage System Public Sewers Municipal Authority Name 6. Refuse/Trash Pick-up: Name of Hauler: 7. Do you plan to expand the Camp/Campground? YES NO If yes, Plan Review is required.	Office Telephone:	Office Fax:	Office E-mail:			
Contact Person Name & Title: Contact Person Telephone: Contact Person E-mail: Maximum Number of Spaces: 1. Approved electrical certificate expiration date: 2. Are fire extinguishers of a type approved by the Fire Underwriter Laboratories (A-B-C classification type), bearing the Underwriter's label, available? YES NO If yes, Pool Certificate #: 4. Food Service Provided? YES NO If yes, Food Facility License #: 5. Sewage Disposal: On-lot Sewage System Public Sewers Municipal Authority Name 6. Refuse/Trash Pick-up: Name of Hauler: 7. Do you plan to expand the Camp/Campground? YES NO If yes, Plan Review is required.	Park Manager Name:	Park Manager Telephone:	Park Manager E-mail:			
Number of Spaces Approved by DCHD: Maximum Number of Spaces:	Owner (Sole Proprietor, LLC, Inc):	Owner Street Address:	Owner City, Zip:			
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		Permit Type				

\$213



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I understand that the submiss License.	ion of false or misleading in	formation is ground	s for suspension or revoc	cation of said
LICETISE.				
Print name of owner/authorized age	nt			
Signature of owner/authorized agen	t			
Date				

DELAWARE COUNTY HEALTH DEPARTMENT

	TO BE COMPLETED BY EHS ONLY	
Fee Due:	Payment Method:	Payment Date:
EHS Approval Sign:	EHS Approval Name:	Approval Date:



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Checklist

- 1. Obtain an application from the Delaware County Health Department (DCHD) website (https://www.delcopa.gov/health/environmentalhealth.html)
- 2. Complete the application (please type or print legibly to prevent delays)
- 3. Provide supporting documentation:

Copy of most recent License/Certificate issued by DCHD or local Delaware County municipality
Copy of the current Electrical Inspection Certificate
If food service is provided, copy of the most recent food license issued by DCHD or local Delaware County municipality
If a pool is present, copy of PA Department of Health Permit to Operate a Public Bathing Place & Public Bathing Place Certificate of Registration issued by DCHD or local Delaware County municipality

- Required fee- check, money order, or credit card payments are accepted Organized Camp Fee is \$237 Campground Fee is \$213
- 5. Submit application packet and fee to DCHD:
 - Hand-deliver Monday-Friday 8:30 AM 4:30 PM:
 1510 Chester Pike, Baldwin Towers 7th Fl, Suite 700, Eddystone, PA 19022
 - Mail:

Delaware County Health Department- Environmental Health Division
1510 Chester Pike
Baldwin Towers 7th Fl, Suite 700
Eddystone, PA, 19022
484-276-2100